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CONFIRMATION NO. 2487

|                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>SERIAL NUMBER</b><br>10/647,991                                                                                                                                                                                                                                                                                                       | <b>FILING OR 371(c) DATE</b><br>08/26/2003<br><b>RULE</b>                                                         | <b>CLASS</b><br>128           | <b>GROUP ART UNIT</b><br>3771                                                                                                                                                                                                                                                   | <b>ATTORNEY DOCKET NO.</b><br>7432-0046   |
| <b>APPLICANTS</b><br>John Moenning, Noblesville, IN;<br>Dennis Irlbeck, Noblesville, IN;<br><b>** CONTINUING DATA **</b> <i>US ST</i><br>This appln claims benefit of 60/405,960 08/26/2002<br><b>** FOREIGN APPLICATIONS **</b> <i>None SA</i>                                                                                          |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                           |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b><br>** 11/18/2003                                                                                                                                                                                                                                                   |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                           |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met <i>SA</i><br>Verified and <i>SA</i><br>Acknowledged <i>SA</i><br>Examiner's Signature Initials |                                                                                                                   | <b>STATE OR COUNTRY</b><br>IN | <b>SHEETS DRAWING</b><br>18                                                                                                                                                                                                                                                     | <b>TOTAL CLAIMS</b><br>33                 |
|                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 | <b>INDEPENDENT CLAIMS</b><br>86 <i>SA</i> |
| <b>ADDRESS</b><br>31425                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                           |
| <b>TITLE</b><br>Dental anesthesia administration mask and eye-shield                                                                                                                                                                                                                                                                     |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                           |
| <b>FILING FEE RECEIVED</b><br>941                                                                                                                                                                                                                                                                                                        | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                           |